

WORLDWIDE EXCHANGE



Student Accident & Sickness Plan for the **2024-2025** School Year



Protection for Students in Educational or Cultural Exchange Activities

Maximum of **\$500,000**
per accident or sickness.

Arranged and Administered by



myers | stevens | toohey

Worldwide Exchange Student Accident & Sickness Plan

ELIGIBILITY FOR COVERAGE

All international participants with a current visa (if one is required), for your country of assignment who are temporarily residing outside their home country while actively engaged in educational or cultural exchange activities in the country of assignment through a sponsoring School or organization registered with the plan administrator, Myers-Stevens & Toohey Co., Inc. are eligible to participate in this plan.

YOUR PERIOD OF COVERAGE

- A. Effective Date of Insurance Coverage: Provided the required premium is paid, your insurance coverage will become effective at 11:59 p.m. at your temporary place of residence in the country of assignment on the latest of:
- The Master Policy Effective Date;
 - The Requested Effective Date of coverage as indicated on the coverage request form; or
 - The date the coverage request form and the required premium are received by The Company.
- B. Termination of Insurance Coverage: Your insurance coverage will terminate at 11:59 p.m. at your temporary place of residence in the country of assignment on the earliest of:
- The last day of the month for which your premium has been paid;
 - The date you cease to be eligible for this insurance;
 - The date you depart your country of assignment for your home country; or
 - The date the Policy terminates.



Description of Benefits

Accident or Sickness Maximum of \$500,000 Per Occurrence • \$0 Deductible	
If a covered injury occurs or sickness commences during the period of coverage, and the Insured Person requires medical or surgical treatment, this Plan will pay 100% of the Usual, Customary and Reasonable Charges for Covered Expenses as listed below, up to 365 days from the first date of service. The covered person may go to any licensed provider of their choice however, inbound exchange students seeking Treatment through a <i>First Health</i> contracted provider may reduce your out-of-pocket costs. To find participating First Health medical providers nearest you, call 800-226-5116 or log on to www.myfirsthealth.com . Unless otherwise specified, the maximums below apply on a per covered accident or sickness basis:	
Room & Board	Outpatient Braces and Appliances
Hospital Miscellaneous Services and Supplies	Outpatient Tests and Procedures
Intensive Care Unit	Outpatient Diagnostic X-Ray Services
Hospital Emergency Room	Outpatient Laboratory Procedures
Surgery	Professional Ground Ambulance Services (from site of a Covered Accident directly to hospital)
Physician's Visits	Outpatient Prescription Drugs
Physiotherapy	Repair or Replacement of Broken Eyeglasses, Frames or Lenses (as a result of a covered Accident for which the Covered Person received Medically Necessary Treatment or services)
Anesthesiologist Services	Mental and Nervous Disorders up to \$500 maximum
Inpatient Registered Nurse Services	Dental Treatment (When performed by a Physician and made necessary by injury to sound, natural teeth) \$100 per tooth tooth, up to \$500 per Accident
Scheduled Outpatient Surgery Miscellaneous	Outpatient Back and Spine Disorders up to \$250 maximum

EMERGENCY MEDICAL EVACUATION BENEFIT - \$100,000 Maximum Benefit

The Company will pay benefits for covered expenses incurred up to \$100,000 for your necessary Medical Evacuation. Evacuation means:

- A. Your medical condition warrants immediate transportation from the place where you are injured or sick to the nearest hospital where appropriate medical Treatment can be obtained; and
- B. After being treated at a local hospital, your medical condition warrants transportation to your home country to obtain further medical treatment or to recover. Covered expenses include transportation, medical services and supplies necessarily incurred in connection with your medical evacuation.

All transportation arrangements made for your evacuation must be:

1. By the most direct and economical conveyance;
2. Approved in advance by ACE American Insurance Company. Expenses for medical supplies and services and special transportation must be recommended by the attending physician, or required by the standard regulations of the conveyance transporting you. Special transportation includes, but is not limited to, air or land ambulance and private vehicle.

(Benefits cont.)

REMAINS REPATRIATION BENEFIT - \$100,000 MAXIMUM BENEFIT

If you should die, ACE American Insurance Company will pay the Usual, Customary and Reasonable Charges incurred, up to \$100,000, to return your body to your home country. Covered expenses include, but are not limited to, expenses for embalming, cremation, a coffin and transportation.

ACCIDENTAL DEATH, DISMEMBERMENT, LOSS OF SIGHT & PARALYSIS BENEFIT

If a covered injury incurred in the country of assignment results in any of the following losses within 365 days after the date of the accident, we will pay the following:

For Loss of: Benefit Amount

Life	\$ 15,000
Both Hands or Both Feet or Sight of Both Eyes	\$ 15,000
One Hand and One Foot	\$ 15,000
Either Hand or Foot or Sight of One Eye	\$ 7,500
Paraplegia (Total Paralysis of both lower limbs)	\$ 11,250
Uniplegia (Total Paralysis of one upper or lower limb)	\$ 7,500
Hemiplegia (Total Paralysis to left or right side of the body)	\$ 15,000
Quadriplegia (Total Paralysis of all four limbs)	\$ 15,000

We will pay only one benefit, the largest, for all losses due to the same Covered Accident.

Loss with regard to hand or foot means the actual and complete severance through or above the wrist or ankle joint, and with regard to eyes, entire irrecoverable loss of sight.

Severance means the complete separation and dismemberment of the part from the body.

RETURN AIR FARE EXPENSE BENEFIT

The Company will pay 100% of Usual, Customary and Reasonable Charges incurred if the Insured Person is hospitalized for at least seven (7) days due to an Accident or Sickness. The benefit will be provided for round trip airfare (tourist class) expenses to the host country for a parent, spouse, sibling (over age 21) or legal guardian and their hotels and meals.

In the event of death, or life-threatening accident or illness of a parent, sibling, or legal guardian, requiring the Insured Person to return home after arriving at their placement, The Company will arrange, and pay for their returning airfare (tourist class) from the host country to their home country point of departure. The Administrator and The Company must be advised and approve the flight which must be arranged through The Administrator. Retroactive claims will not be accepted.

TRAVEL ASSISTANCE SERVICES

Chubb Travel Assistance Services provide worldwide 24-Hour travel assistance to students and other individuals covered under its Global Accident and Sickness Insurance Plans. These services are provided by AXA Assistance and are not insured benefits. AXA Assistance is under contract with Chubb Insurance Company to provide certain international services in conjunction with insurance benefits. Security assistance and consultation services are provided by WorldAware, Inc.

The Chubb Travel Assistance Service will arrange for the following services. Any costs associated with these services are the responsibility of the covered person.

- 24-Hour multilingual telephone access via a toll free line to confirm coverage and access to available services.
- Arrange for escort transportation, return of dependent children or traveling companions following a medical emergency, replacement of medication or prescription eyeglasses.
- Arrange for transportation of a covered person to the nearest place of safety in the event of a covered security evacuation.
- Assist with the location of lost luggage, documents and personal items; foreign language and interpretation problems (over the phone); legal assistance/bail; emergency cash, emergency message relay and emergency travel arrangements.



Exclusions & Limitations

Benefits are not payable under the Policy for any of the following or losses that results there from:

1. Suicide, attempted suicide or intentionally self-inflicted Injury while sane or insane.
2. War or any act of war, declared or undeclared; or while serving in the armed forces of any country (a pro-rata premium will be refunded for such period of service).
3. Pregnancy, normal maternity, c-section, and miscarriage, or any complications resulting from any of these.
4. Skydiving, parachuting, hang gliding, glider flying, parasailing, sail planning, bungee jumping, or flight in any type of aircraft, except while riding as a fare-paying passenger on a regularly-scheduled airline.
5. Practice or play in interscholastic sports; semi-professional sports; or professional sports.
6. Routine physical examinations and routine testing; preventive testing or Treatment; screening examinations or testing in the absence of Injury.
7. Cosmetic surgery, except cosmetic surgery which the Covered Person needs as the result of an Accident which happens while the person is insured under the Policy.
8. Dental care or Treatment including damage to or loss of dentures or bridges or damage to existing orthodontic equipment. This exclusion does not apply to care of sound, natural teeth and gums required due to an Injury resulting from an Accident while the Covered Person is insured under the Policy, and rendered within 12 months of the Accident.
9. Eye examinations; prescriptions or fitting of eyeglasses and contact lenses; eyeglasses, contact lenses or other Treatment for visual defects and problems, except as required as a result of a covered Injury. "Visual defects" means any physical defect of the eye that does or can impair normal vision.
10. Injury contributed to by the use of alcohol or drugs unless taken in the dosage and for the purpose prescribed by the Covered Person's Physician.
11. Participation in a riot or civil disorder; fighting or brawling, except in self-defense; commission of or attempt to commit a felony.
12. Treatment or services provided by any member of the Covered Person's immediate family; or for which no charge is normally made.
13. Injury covered by Worker's Compensation or Employer's Liability Laws, or by any coverage provided or required by law (including, but not limited to group, group type, and individual automobile "No-Fault" coverage excluding School Vehicle coverage).
14. Elective Treatments and voluntary testing.
15. Treatment, services or supplies provided by the School's infirmary or its employees, or Physicians who work for the School.

In addition to the General Exclusions listed in the Policy, the following exclusions may also apply to the 24-Hour Sickness Benefit Rider:

1. Treatment of congenital anomalies and conditions arising or resulting directly there from.

This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit the Company from providing insurance, including but not limited to, the payment of claims.

Definitions

Accident means a sudden, unexpected and unintended incident. **Covered Accident** means an Accident that results in Injury or loss covered by the Policy. **Injury** means accidental bodily harm that results directly from an Accident (independently of all other causes) and occurs while coverage under the Policy is in force. The Injury must be caused solely through external, violent and accidental means. All injuries sustained by one person in any one Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury. **Medically Necessary or Medical Necessity** means the services or supplies provided by a Hospital, Physician, or other provider that are required to identify or treat an Injury or Sickness and that are: (1) consistent with the symptom or diagnosis and Treatment of Injury or Sickness; (2) appropriate with regard to standards of good medical practice; (3) not solely for the convenience of the Insured Person; and (4) the most appropriate supply or level of service that can be safely provided. When applied to the care of an Inpatient, it further means that the Insured Person's medical symptoms or condition requires that the services cannot be safely provided as an Outpatient. The fact that a Doctor may prescribe, authorize, or direct a service does not of itself make it Medically Necessary or covered by the Policy. **Sickness** means illness or disease contracted by and causing loss to the Insured Person whose Sickness is the basis of claim. Any complications or any condition arising out of a Sickness for which the Insured Person is being treated or has received Treatment will be considered as part of the original Sickness. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness. **Usual, Customary and Reasonable Charges** – "Usual" means those charges made by a provider for services and supplies rendered to all patients for the same or similar Injury or Sickness. "Customary" means those charges made by the majority of providers in the area for the same or similar services or supplies. "Reasonable" means those charges that do not exceed the majority of the prevailing fees in the area for the same or similar services or supplies. "Area" means a county or larger geographically significant area as determined by The Company. **School Activities** means any activity that is sponsored and under the direct, immediate supervision of the School that: (a) the School requires the Insured Person to attend; or (b) is under the sole control and supervision of School authorities. It does not include an activity related to athletics or cheerleading that is under joint sponsorship or supervision arrangement with any non-School group.

IMPORTANT NOTICE: This brochure contains a brief description of the benefits available under the insurance programs. It is not a contract of insurance. The terms and conditions of coverage are set forth in the policies delivered in the state under form numbers AH-11648a. Complete details may be found in the policies. CERTAIN INSURANCE PLANS DESCRIBED HEREIN PROVIDE SHORT-TERM LIMITED DURATION SICKNESS BENEFITS. THEY DO NOT CONSTITUTE COMPREHENSIVE HEALTH INSURANCE COVERAGE (OFTEN REFERRED TO AS "MAJOR MEDICAL COVERAGE") AND DO NOT SATISFY A PERSON'S INDIVIDUAL OBLIGATION TO SECURE THE REQUIREMENT OF MINIMUM ESSENTIAL COVERAGE UNDER THE AFFORDABLE CARE ACT (ACA). FOR MORE INFORMATION ABOUT THE ACA, PLEASE REFER TO www.HealthCare.gov.

Call (800) 827-4695 With Questions

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In Case of an Accident or Sickness

1. Report School-related Injuries within 72 hours to the School office. The first physician's visit must be within 120 days after the accident or sickness.
2. Obtain a claim form from the School or the Company. Claim forms must be filed with the Company within 90 days after the date of first Treatment.
3. At the same time, please file a claim with any other applicable insurance or Health Care Plan.
4. Follow ALL claim form instructions, attach all itemized bills and send to:



26101 Marguerite Parkway
Mission Viejo, CA 92692-3203
Office 800-827-4695 | Fax 949-348-2630 | claims@myers-stevens.com
CA License #0425842

The Insurance Company

CHUBB®

ACE American Insurance Company
436 Walnut St., Philadelphia, PA 19106

Chubb is the marketing name used to refer to subsidiaries of Chubb Limited providing insurance and related services. For a list of these subsidiaries, please visit our website at <http://www.chubb.com>. Insurance provided by ACE American Insurance Company and its U.S. based Chubb underwriting company affiliates. All products may not be available in all states. This communication contains product summaries only. Coverage is subject to the language of the policies as actually issued. The terms and conditions of coverage are set forth in the policies issued in the states in which the policy is delivered under form number AH-57720. Surplus lines insurance sold only through licensed surplus lines producers. Chubb, 202 Hall's Mill Road, Whitehouse Station, NJ 08889-1600.

Travel assistance services are provided by AXA Assistance. These services are not insured benefits.